

FILED JUL 31 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024969

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's Hosp</b>		d. STREET ADDRESS (If outside, give location) <b>926 Fairmount Blvd</b>	
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Lee</b> Last <b>Gordon</b>		4. DATE OF DEATH Month <b>July</b> Day <b>28</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug-30-1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clothing Supt</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing Mfg</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Missouri</b>
13a. FATHER'S NAME <b>Jack Gordon</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Abbott Gordon</b>	14. NAME OF HUSBAND OR WIFE <b>Sudie Kinney Gordon</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Sudie Gordon, Jefferson City, Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suicide (gunshot to head)</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Depressive psychosis</b> DUE TO (c) <b>976 X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b> <b>3 yrs?</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Gunshot to head</b>	
20c. TIME OF INJURY Hour <b>10</b> Minute <b>10</b> Day <b>28</b> Year <b>58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>see above</b>	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Near Mardenville</b>	
21. I attended the deceased from Death occurred at <b>9/10/58</b>		21. I attended the deceased from <b>5/2/58</b> and last saw him alive on <b>5/2/58</b>	
22a. SIGNATURE <b>H. V. ...</b>		22b. ADDRESS <b>Jefferson City, Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/30/58</b>	
23c. NAME OF CEMETERY OR CREMATORIUM <b>Riverview Cemetery</b>		23d. LOCATION (City, town, or county) <b>Jefferson City, Mo</b>	
24. FUNERAL DIRECTOR <b>Thorpe J Gordon, Jefferson City, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>29 July 1958</b>	
26. REGISTRAR'S SIGNATURE <b>R. P. ...</b>		26. REGISTRAR'S SIGNATURE <b>R. P. ...</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

-CE-

JUN 12 1962

APR 2 1970

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 786

P. O. Address Jeff City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.